

CALIFORNIA CHILDREN'S SERVICES MEDICAL THERAPY PROGRAM (MTP) THERAPY ASSESSMENT PLAN

Name	Birth date	CCS number
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The above child has been referred to the California Children's Services (CCS) Medical Therapy Program (MTP) for a physical therapy (PT) and/or an occupational therapy (OT) assessment for medically necessary therapy services. The following tests that have been checked will be administered to your child to allow the therapist(s) to develop a proposed therapy plan.

Please sign below and mail or deliver this form to:

County CCS Program

, CA

- ☐ **Clinical Observations:** The therapist's observations of the child during the evaluation.
- ☐ **Activities of Daily Living:** Functional skills such as mobility, transfers, ambulation, gait, eating, dressing, bathing, grooming, toileting, home skills, and use of adaptive equipment.
- ☐ **Mobility:** Manner in which the child moves about his/her environment, including gait analysis.
- ☐ **Range of Motion:** Standardized testing of passive and active joint range.
- ☐ **Sensory:** Response to position in space, object identification, two-point and tactile discrimination.
- ☐ **Fine/Gross Motor Skills:** Motor maturity through age appropriate responses.
- ☐ **Reflexes:** Postural responses, balance and equilibrium reactions.
- ☐ **Postural Alignment:** Posture as it relates to the skeletal system and functional abilities.
- ☐ **Oral Motor Skills:** Examination of the oral cavity, oral/facial reflexes, and assessment of ability to chew and manage solids and liquids.
- ☐ **Perception:** Standardized testing of child's ability to receive, interpret, and use sensory impressions.
- ☐ **Respiratory:** Assessment of child's breathing.
- ☐ **Manual Muscle Test:** Standardized measurement of muscle strength as it relates to gravity and resistance.
- ☐ Other specialized assessment based on child's medical needs, such as:
- Home evaluation
- Classroom evaluation
- Use of photos or videotapes as a pictorial record
- Other (specify): _____

My signature below indicates my permission for my child to be evaluated in the above marked areas.

Parent/caregiver	Date
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Original—File in MTU Case Record

Photocopy 1—Send to Parent/Caregiver

Photocopy 2—Send to Local Educational Agency (LEA)
Special Education Local Plan Area (SELPA)